# CLAIMS ONLY

11-9-05

| | Application Number | Filing Date |
|---|---|---|
| | 10/720,050 | |
| | Applicant(s) | |

\* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | Indep | Depend | Indep | Depend | Indep | Depend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | | | |
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| Total Indep | | | | | | | Total Indep | | | | | | | |
| Total Depend | | | 40 | | | | Total Depend | | | | | | | |
| Total Claims | | | 44 | | | | Total Claims | | | | | | | |